

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013644

Registration District No. 146 Primary Registration District No. 3026 STATE FILE NUMBER 198 Registrar's No. 198

FILED MAY 6 1959

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cable Nursing Home		d. STREET ADDRESS (If outside, give location) 4503 Plymouth Ct.	
3. NAME OF DECEASED (Type or print) First AUGUST Middle CHOULET Last CHOULET		4. DATE OF DEATH Month April Day 28 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Warsaw, Illinois
13a. FATHER'S NAME Prevost Choulet		13b. MOTHER'S MAIDEN NAME Mary Boulanger	14. NAME OF HUSBAND OR WIFE May M. Choulet, dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Jay M. Choulet, 4503 Plymouth Ct., K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Warsaw, Illinois	
21. I attended the deceased from March 1957 to April 1959 and last saw him alive on April 5, 1959 Death occurred at 7:55 April 29, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Wessner MD		22b. ADDRESS 4015 E. 1st St. Kansas City, Kansas	22c. DATE SIGNED 4/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-29-59	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) Warsaw, Illinois
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 4-29-59	26. REGISTRAR'S SIGNATURE James S. [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.